

<i>SERFF Tracking Number:</i>	<i>MGCA-126654332</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45840</i>
<i>Company Tracking Number:</i>	<i>CH-26099-IP (1/08) AR 201008 AR CHESAPEAKE 15315</i>		
<i>TOI:</i>	<i>H10I Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10I.000 Health - Dental</i>
<i>Product Name:</i>	<i>CH-26099-IP (1/08)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26099-IP (1/08)

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Rate

SERFF Tr Num: MGCA-126654332 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: CH-26099-IP (1/08) AR State Status: Approved-Closed
201008 AR CHESAPEAKE 15315

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Mordovine, Yan Yuan, Eliseo Rodriguez, David Beimesch, Tony Huang, Chanel Orallo, Sommay Khounlo, Ashley Toner, Jennifer Schilb

Date Submitted: 06/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/07/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/07/2010

Created By: Eliseo Rodriguez

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Eliseo Rodriguez

Filing Description:

To reduce premium rates by 20% for all options except for child rate for option A, which will have a 17.647% reduction. We are also adding direct billing fee and one-time application fee. Finally, commission rates are modified to yield an anticipated lifetime rate of 18.5%.

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Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 45840
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TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: CH-26099-IP (1/08)
Project Name/Number: /

Company and Contact

Filing Contact Information

David Beimesch, nrhact-comp@healthmarkets.com
9151 boulevard 26 817-255-3752 [Phone]
north richland hills, TX 76180

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma
9151 Boulevard 26 Group Code: 264 Company Type:
North Richland Hills, TX 76180 Group Name: State ID Number:
(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$25.00	06/01/2010	36923575
The Chesapeake Life Insurance Company	\$25.00	06/02/2010	36951078

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 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: CH-26099-IP (1/08)
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/07/2010	06/07/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/02/2010	06/02/2010	Eliseo Rodriguez	06/02/2010	06/02/2010

SERFF Tracking Number: *MGCA-126654332* *State:* *Arkansas*
Filing Company: *The Chesapeake Life Insurance Company* *State Tracking Number:* *45840*
Company Tracking Number: *CH-26099-IP (1/08) AR 201008 AR CHESAPEAKE 15315*
TOI: *H101 Individual Health - Dental* *Sub-TOI:* *H101.000 Health - Dental*
Product Name: *CH-26099-IP (1/08)*
Project Name/Number: /

Disposition

Disposition Date: 06/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Supporting Documentation	Approved-Closed	Yes
Rate	CH-26099-IP (108) AR Rate Page.pdf	Approved-Closed	Yes

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TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: CH-26099-IP (1/08)
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/02/2010

Submitted Date 06/02/2010

Respond By Date

Dear David Beimesch,

This will acknowledge receipt of the captioned filing.

Objection 1

- CH-26099-IP (108) AR Rate Page.pdf , [] (Rate)

Comment:

Under our Rule and Regulation 57, Subsection II, Category "B", the amount of fee for the filing/review of each Life and/or accident and health rate filing is \$50.00 per form.

Please submit an additional \$25.00 for this filing.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name: CH-26099-IP (1/08)
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/02/2010
Submitted Date 06/02/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: The additional \$25 has been submitted.

Related Objection 1

Applies To:

- CH-26099-IP (108) AR Rate Page.pdf , [] (Rate)

Comment:

Under our Rule and Regulation 57, Subsection II, Category "B", the amount of fee for the filing/review of each Life and/or accident and health rate filing is \$50.00 per form.

Please submit an additional \$25.00 for this filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,

Ashley Toner, Chanel Orallo, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo, Tony Huang, Yan Yuan

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<i>Product Name:</i>	<i>CH-26099-IP (1/08)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved-Closed 06/07/2010	CH-26099-IP (108) AR Rate Page.pdf		New		CH-26099-IP (108) AR Rate Page.pdf

The Chesapeake Life Insurance Company

Administrative Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Dental Insurance Policy CH-26099-IP (1 / 08) AR

	Adult	Child
Option A	\$16.00	\$14.00
Option B	\$28.00	\$20.00
Option C	\$36.00	\$28.00

Rates are monthly.

Multiply by 3 for quarterly rate, 6 for semiannual rate, and 12 for annual rate.

A billing fee of up to \$5 may be charged on direct bill modes.

A one time application fee of up to \$20 may be applicable.

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TOI:	H101 Individual Health - Dental	Sub-TOI:	H101.000 Health - Dental
Product Name:	CH-26099-IP (1/08)		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item:		
Supporting Documentation	Approved-Closed	06/07/2010
Comments:		
Attachments:		
CH-26099-IP (108) AR Certificate of Compliance.pdf		
CH-26099-IP (108) AR Cover.pdf		
CH-26099-IP (108) AR NW Experience.pdf		
CH-26099-IP (108) AR Rate History.pdf		

Certification of Compliance with
Arkansas Rule and Regulation 19

Insurer: NAIC # 264-61832
Form Number(s): CH-26099-IP (1/08) AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Derrick Duke

Name

5/28/2010

Date



**The Chesapeake
Life Insurance Company**
Home Office: Oklahoma City, OK

9151 Boulevard 26
N Richland Hills, TX 76180
www.chesapeakelife.com
Phone: 800.729.2302
Fax: 817.255.8274

5/28/2010

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201-1904

**RE: The Chesapeake Life Insurance Company
Individual Policy Form Rate Change Filing for:
Dental Insurance Coverage
Policy Form Number: CH-26099-IP (1/08) AR
Company NAIC # 264-61832
Company FEIN # 52-0676509**

Dear Ms. Minor,

For your approval, we are submitting rate change filing documents for (1) a reduction of 20% for all options except child rate for option A, which has a 17.647% reduction; (2) adding direct billing fee and one-time application fee; and (3) revising commissions.

Currently, there is 1 policy in force in your state under this form.

This rate filing has been filed as "File and Use" with our domicile state of Oklahoma. Please let us know if you have any questions or need additional information regarding this filing. Thank you in advance for your review.

Sincerely,

David Beimesch
Actuarial Analyst
Phone: (800) 729-2302 x3752
Fax: (817)255-8274
Email: NRHAct-Comp@HealthMarkets.com

Enclosures

Chesapeake Life Insurance Company

Nationwide Experience

CH-26099-IP Dental

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
2009	39,585	8,236	20.8%
2010 YTD	49,940	24,026	48.1%
Total	89,525	32,262	36.0%

With Proposed Rate Decrease

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	39,585	8,236	20.8%
Projection Period**	92,247	52,983	57.4%

Without Proposed Rate Decrease

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	39,585	8,236	20.8%
Projection Period**	111,377	52,983	47.6%

* Experience Period: January 1, 2009 through December 31, 2009

** Projection includes the effect of prior increases and a trend factor of 0%.

Projection period: August 1, 2010 through July 31, 2011

CH-26099-IP (1 /08) AR
Individual Dental Insurance Coverage Policy

Effective Date	Rate Increase/Decrease
No Rate History	